



FAX ORDER FORM

Just fill in the quantities and fax it to us.
Please call to confirm your order and pick up time.

Fax # 585-427-0434

1635 E. Henrietta Rd, Rochester, NY 14534
Ph # 585-4270-0430

BUSINESS NAME _____ PHONE NUMBER _____ PICK UP TIME _____
CONTACT _____

GREAT BEGINNINGS

- Spring Rolls
- Potstickers
- Fried Mac & Cheese

SOUP

- Asian Chicken Soup

ITALIAN

- Lasagna in a Bowl
- Mama's Marinara
- Penne Rosa/meatball
- Chicken Marsala
- Shrimp Scampi

AMERICAN

- Beef Stroganoff
- Sonoran Pasta w/ Chicken
- Sonoran Pasta w/ Beef
- Mac & Cheese
- Chicken Enchilada

SALADS

- Chinese Chicken Salad
- Potsticker Salad
- Wild Chicken Caesar
- Sonoran Chop
- Spicy Thai Peanut

DESSERTS

- Wonton Smores

LITTLE DINNERS

- Mama's Penne
- Mac & Cheese
- Butter Noodles
- Teriyaki Noodles
- Chicken Tenders
- Marinara & Meatballs

LUNCH SPECIAL

- Enchilada in a Bowl add protein? _____
- Mama's Marinara _____
- Teriyaki Stir Fry _____
- Mac & Cheese _____

ASIAN

	V e g g i e s	T o f u	C h i c k e n	B e e f	S h r i m p
Teriyaki Stir Fry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thai Rice Noodles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bangkok Peanut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mongolian Noodles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ROCKIN' RICE BOWLS

- Spicy Garlic Shrimp
- Double Protein Saute w/ Beef
- Double Protein Saute w/ Chicken
- Double Protein Saute w/ Shrimp
- Fajita in a Bowl
- Orange Chicken
- Sticky Sesame Chicken

SPECIAL INSTRUCTIONS:

	C h i c k e n	B e e f	S h r i m p
<i>ADD TO MY DISH</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Name of Dish</i>			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Name of Dish</i>			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Name of Dish</i>			

BEVERAGES AND OTHER INSTRUCTIONS:
